



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2004-O-1 DMS-2004-L-7 DMS-2004-KK-4
DMS-2004-C-4 DMS-2004-SS-2 DMS-2004-R-5

TO: **Health Care Provider – Certified Nurse-Midwife, Child Health Management Services (CHMS), Hospital, Independent Lab, Nurse Practitioner and Physician**

DATE: **May 7, 2004**

SUBJECT: **Corrections in Billing Instructions**

I. Introduction

The purpose of this Official Notice is to inform providers of correct modifiers and procedure codes for billing services furnished on and after October 13, 2003. These instructions are for both electronic and paper billing. When billing on paper, the procedure code must be billed using the type of service code in conjunction with the modifiers.

These corrections are required for filing claims for services listed in this Official Notice. When the billing procedures in the provider manual update of October 13, 2003, and subsequent correction notices differ from those included in this notice, use the following information.

II. Child Health Management Services (CHMS) **Reference: Sections 262.110, 262.120 and 262.130**

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code/Local Code	Modifier(s) for use with National Procedure Code		
M	Collateral services; on site face to face contact by CHMS professional with other professionals to obtain information for assessment, evaluation or treatment	T1024 (Z1574)	U1		

II. Child Health Management Services (CHMS) (continued)
Reference: Sections 262.110, 262.120 and 262.130

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code/Local Code	Modifier(s) for use with National Procedure Code		
M	Diagnostic interview, includes evaluation and reports	90801 (Z2259)	U1		
M	Nutrition assessment	97802 (Z2539)	U1		
M	Comprehensive nutrition assessment	97802 (Z2541)	U2		

III. Certified Nurse-Midwife **Reference: Section 272.430**

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code/Local Code	Modifier(s) for use with National Procedure Code		
A	Medroxyprogesterone acetate	J1055	FP		
A	Collection of venous blood by venipuncture	36415	FP		
A	Implantation of contraceptive capsules	11975 (Z2294)	FP	SB	
A	Removal of contraceptive capsules	11976 (Z2295)	FP	SB	
A	Removal and reinsertion of contraceptive capsules	11977 (Z2296)	FP	SB	
A	Insertion of intrauterine device	58300 (Z2297)	FP	SB	

III. Certified Nurse-Midwife (continued)

Reference: Section 272.430

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code	Modifier(s) for use with National Procedure Code		
A	Removal of intrauterine device	58301 (Z2298)	FP	SB	
A	Basic family planning visit	99402 (Z2299)	FP	SB	
A	Periodic family planning visit	99401 (Z2300)	FP	SB	22
A	Annual post-sterilization visit	S0612 (Z2302)	FP	SB	52

IV. Nurse Practitioner

Reference: Sections 252.430 and 252.431

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code/Local Code	Modifier(s) for use with National Procedure Code		
A	Implantation of contraceptive capsules	11975 (Z2294)	FP	SA	
A	Removal of contraceptive capsules	11976 (Z2295)	FP	SA	
A	Removal and reinsertion of contraceptive capsules	11977 (Z2296)	FP	SA	
A	Insertion of intrauterine device	58300 (Z2297)	FP	SA	
A	Removal of intrauterine device	58301 (Z2298)	FP	SA	
A	Basic family planning visit	99402 (Z2299)	FP	SA	

IV. Nurse Practitioner (continued)

Reference: Sections 252.430 and 252.431

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code/Local Code	Modifier(s) for use with National Procedure Code		
A	Periodic family planning visit	99401 (Z2300)	FP	SA	22
A	Annual post-sterilization visit	S0612 (Z2302)	FP	SA	52
A	Medroxyprogesterone acetate	J1055	FP		
A	Collection of venous blood by venipuncture	36415	FP		

V. Physician/Independent Lab

Reference: Sections 292.550 and 292.551

Type of Service Code	Service Description for Specified Modifier(s)	National Procedure Code/Local Code	Modifier(s) for use with National Procedure Code		
A	Removal of intrauterine device (IUD)	58301	FP		
A	Collection of venous blood by venipuncture	36415	FP		
A	Basic family planning visit	99402 (Z0847)	FP	52	22
A	Periodic family planning visit	99401 (Z0848)	FP	52	22
A	Surgical pathology, professional component, elective sterilization	88302 (Z2508)	FP	26	U2

When filing claims for the professional services of the outpatient clinic physician associated with a hospital, type of service **“J”**, procedure code **88302** must be used with modifiers **FP**, **26** and **U1**.

V. Physician/Independent Lab (continued)

Reference: Sections 292.550 and 292.551

The family planning lab code list in section 292.551 includes procedure codes **93020** and **93520**. These codes are incorrect and should be replaced with procedure codes **83020** and **83520**.

VI. Outpatient Hospital

Provider Manual Reference: None

When filing claims for non-therapeutic sterilization, type of service **"L"**, outpatient clinics must use procedure code **88302** with modifiers **FP, TC** and **U4**.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.